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Notice to the Idaho Public Utilities Commission

Rule 606.01, TCRR, IDAPA 31.41.01

All telephone corporations (except cooperative telephone corporations) formed since January 1, 1988 must file a notice before offering telecommunications services in Idaho. These corporations include but are not limited to sellers of MTS or WATS, resellers of MTS or WATS services, Operator Service Providers, Data Providers, etc. These notices must be updated at least annually between December 1 and December 31 each year and whenever there is a change in the telephone corporation's name, address or agent. Please e-mail the completed form to:

Ine	e notice must contain the following	ng information:	Date:
a.	Name of the Telephone Corporation		
	Assumed Business Name (if applicable)		
	Corporate Mailing Address	Regulatory Contact	
		Address Line #1	
		Address Line #2	
		City, State, Zip	
		Telephone Number	
		Facsimile Number	
	Elect	ronic Address (e-mail)	
b.	Operations Mailing Address (if different) Name		
		Address Line #1	
		Address Line #2	
		City, State, Zip	
		Telephone Number	
		Facsimile Number	
	Elect	ronic Address (e-mail)	
c.	An agent in Idaho for service	of process Name	
		Address Line #1	
		Address Line #2	
		City, State, Zip	
	Agei	nt's electronic address	

Person responsible for handling consumer inquiri	es, complaints, etc. by the public		
Name			
Toll-Free Telephone Number			
Facsimile Number			
Electronic Address (e-mail)			
Person(s) designated as Customer Service contact for the Commission Staff in resolving consumer complaints, responding to consumer inquiries and answering matters concerning rates and price lists or tariffs			
Name			
Address Line #1			
Address Line #2			
City, State, Zip			
Telephone Number			
Facsimile Number			
Electronic Address (e-mail) Where possible, please provide a general or shared mailbox address			
Person responsible for compliance in filing of repo	orts and payment of fees due to the Commission or its		
Name			
Address Line #1			
Address Line #2			
City, State, Zip			
Telephone Number			
Facsimile Number			
Electronic Address (e-mail)			
Please cancel my price list/tariff Please cancel my Certificate of Public Convenience And Necessity			
Date Au	thorized Representative		